

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 01/22/04.

## **I. DISPUTE**

Whether there should be (additional) reimbursement for CPT code 98940, G0283, 97035, 99213, 97124, and 97110 for dates of service 08/04/03 through 08/18/03.

## **II. RATIONALE**

Requestors' position statement, that is not dated, states in part "...it is our position that the documentation provided to the carrier in various different forms, in addition to that provided when Lakewood Chiropractic submitted the "complete bill", meets the necessary documentation requirements and should thus, be paid".

The respondent did not submit a position.

- CPT code 98940 on dates of service 08/04/03, 08/07/03, 08/11/03, 08/13/03, and 08/15/03. The respondent denied the service based on "N72 N- Not appropriate documented. Documentation must include treatment provided (with days of week), response to treatment, progressive overall improvement of symptoms; failure to respond to treatment should reflect a change of the treatment plan" and "N75 Not appropriate documented. Documentation as submitted does not support the therapy modalities/procedures as billed". The daily treatment notes do not support documentation requirements per TWCC Rule 134.202 and Medicare documentation requirements for physical medicine (LCD/Physical Medicine and Rehabilitation for Orthopedic and Musculoskeletal Diseases and/or injury). Reimbursement is not recommended.
- CPT code G0283 on dates of service 08/04/03, 08/07/03, 08/11/03, 08/13/03, 08/15/03, and 08/18/03. The respondent denied the service based on "N72 N- Not appropriate documented. Documentation must include treatment provided (with days of week), response to treatment, progressive overall improvement of symptoms; failure to respond to treatment should reflect a change of the treatment plan" and "N75 Not appropriate documented. Documentation as submitted does not support the therapy modalities/procedures as billed". The daily treatment notes do not support documentation requirements per TWCC Rule 134.202 and Medicare documentation requirements for physical medicine (LCD/Physical Medicine and Rehabilitation for Orthopedic and Musculoskeletal Diseases and/or injury). Reimbursement is not recommended.

- CPT code 97035 on dates of service 08/04/03, 08/07/03, 08/11/03, 08/13/03, 08/15/03, and 08/18/03. The respondent denied the service based on “N72 N- Not appropriate documented. Documentation must include treatment provided (with days of week), response to treatment, progressive overall improvement of symptoms; failure to respond to treatment should reflect a change of the treatment plan” and “N75 Not appropriate documented. Documentation as submitted does not support the therapy modalities/procedures as billed”. The daily treatment notes do not support documentation requirements per TWCC Rule 134.202 and Medicare documentation requirements for physical medicine (LCD/Physical Medicine and Rehabilitation for Orthopedic and Musculoskeletal Diseases and/or injury). Reimbursement is not recommended.
- CPT code 97124 on dates of service 08/04/03, 08/07/03, 08/11/03, 08/13/03, and 08/18/03. The respondent denied the service based on “N72 N- Not appropriate documented. Documentation must include treatment provided (with days of week), response to treatment, progressive overall improvement of symptoms; failure to respond to treatment should reflect a change of the treatment plan” and “N75 Not appropriate documented. Documentation as submitted does not support the therapy modalities/procedures as billed”. The daily treatment notes do not support documentation requirements per TWCC Rule 134.202 and Medicare documentation requirements for physical medicine (LCD/Physical Medicine and Rehabilitation for Orthopedic and Musculoskeletal Diseases and/or injury). Reimbursement is not recommended.
- CPT code 99213 on date of service 08/13/03. The respondent denied payment for the service based on “N11 N-Not appropriately documented. Upon review, documentation as submitted does not support the level or service(s) billed”. The daily treatment notes do not support documentation requirements per TWCC Rule 134.202 and Medicare documentation requirements for physical medicine (LCD/Physical Medicine and Rehabilitation for Orthopedic and Musculoskeletal Diseases and/or injury). Reimbursement is not recommended.
- CPT code 97110 on date of service 08/18/03. The respondent denied the service based on “N72 N- Not appropriate documented. Documentation must include treatment provided (with days of week), response to treatment, progressive overall improvement of symptoms; failure to respond to treatment should reflect a change of the treatment plan” and “N75 Not appropriate documented. Documentation as submitted does not support the therapy modalities/procedures as billed”. Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one". Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission

requirements for proper documentation. Submitted S.O.A.P. notes do not document the severity of the injury that would require exclusive one-to-one supervision. Reimbursement is not recommended.

### III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement.

The above Findings and Decision are hereby issued this 3<sup>rd</sup> day of September 2004.

Laura L. Campbell  
Medical Dispute Resolution Officer  
Medical Review Division

LLC/lc